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<b>CHANGE OF CORRESPONDENCE ADDRESS</b>		Application Number	10/517,439
<b><i>Application</i></b>		Filing Date	December 10, 2004
Address to:		First Named Inventor	Thomas Hesterkamp et al.
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
		Attorney Docket No.	37998-237325

Please change the Correspondence Address for the above-identified application to:

The address associated with Customer Number: 26694

OR

<input type="checkbox"/>	Firm or Individual Name	
Address		
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I am the:

- Applicant/Inventor  
 Assignee of record of the entire interest.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 Attorney or agent of record. Registration Number 54,262.  
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Signature	<u>Kavita B. Lepping</u>	
Typed or Printed Name	Kavita B. Lepping	

Date	December 4, 2006	Telephone	(202) 344-4000
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/> *Total of <u>1</u> Form is/are submitted.
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